FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

134	3169						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							

hours per response. 16.00

Estimated average burden

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						
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£1.00	797
Telephone Number (I	ncluding Area Code)
512-467-6777	
Telephone Number (Including Area Code)
	PROCESS
lease specify):	MAR 1 6 2007
	THOMSON
	FINANCIAL THOMSON
UJEJ	
or Section 4(6), 17 CFR 23	30.501-et seq. or 15 U.S.C
A notice is deemed filed elow or, if received at that	
549.	
y signed. Any copies not	manually signed must b
rt the name of the issuer a ied in Parts A and B. Part	
ales of securities in those	
Securities Administrator r the exemption, a fee in The Appendix to the no	the proper amount shall
	Telephone Number (Telephone Num

filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Beneficial Owner ✓ Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Jansen, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1122 East 51st Street, Austin, TX 78723 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) H.L. PAC Partnership Business or Residence Address (Number and Street, City, State, Zip Code) 5734 W. Woodland Road, Pittsburgh, PA 15232-2818 ☑ Beneficial Owner General and/or Check Box(es) that Apply: Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Darnell, Max Business or Residence Address (Number and Street, City, State, Zip Code) 800 East Colorado Blvd., Suite 900, Pasadena, California 91101 Check Box(es) that Apply: □ Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Everage, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) 11042 Cedarcrest Way, San Diego, CA 92121 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Holland Park Capital, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 2310 W 8th St. Austin, TX 78703 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No 😿				
•	Answer also in Appendix, Column 2, if filing under ULOE.												
2.								\$ ⁵⁰ ,	00.00				
								Yes	No				
3.						le unit?							X
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street. C	ity, State, Z	ip Code)						
Nai	me of As	sociated Bi	oker or De	aler				•					
Sta						to Solicit							
	(Check	"All State:	" or check	individual	States)			***************************************		•••••		□ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)						=			
Bu	siness or	Residence	Address (Number an	d Street, C	City, State, 2	Zip Code)		· · · · · · · · · · · · · · · · · · ·	·			<u>-</u>
Na	me of As	sociated B	roker or De	aler		<u>.</u>							*
Sta	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)				*****		•••••	□ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL M1 OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (Number an	d Street, C	City, State, 2	Zip Code)					·	<u> </u>
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							□ Al	l States					
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		0.00	§ 0.00
	Debt	900.000.00	\$ 900,000.00
	Equity)	5
	☑ Common ☐ Preferred	0.00	0.00 \$
	Convertible Securities (including warrants)	0.00	\$ 0.00
	Partnership Interests	. 0.00	s 0.00
	Other (Specify)	900 000 00	\$ 900,000.00
	Total	5-550,000.00	\$_300,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	9	\$ 900,000.00
	Non-accredited Investors		s 0.00
	Total (for filings under Rule 504 only)		§ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	The second secon		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs] S
	Legal Fees		3,000.00
	Accounting Fees		-] \$
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)] \$
	Other Expenses (identify)] S
	Total	_ _	\$ 3,000.00

	C. OFFERING PRICE, N	TUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	···		
	and total expenses furnished in response to Part	offering price given in response to Part C — Question C — Question 4.a. This difference is the "adjusted gro	oss	\$897,000.00		
5.	each of the purposes shown. If the amount for	is proceed to the issuer used or proposed to be used to any purpose is not known, furnish an estimate a tall of the payments listed must equal the adjusted gree Part C — Question 4.b above.	nd			
	•		Payments to			
			Officers, Directors, &	Payments to		
			Affiliates	Others		
	Salaries and fees		🗆 \$			
	Purchase of real estate		🗆 \$. 🗆 \$		
	Purchase, rental or leasing and installation of	machinery				
	Construction or leasing of plant buildings and	facilities	🗌 \$	\$		
	Acquisition of other businesses (including the	equisition of other businesses (including the value of securities involved in this fering that may be used in exchange for the assets or securities of another				
		assets of securities of another	🗀 \$	S 180,000.00		
			_			
	Working capital		🗆 \$	\$ 76,000.00		
				_		
			_			
			[\$			
	Column Totals		\$_0.00	\$_897,000.00		
	Total Payments Listed (column totals added)					
		D. FEDERAL SIGNATURE				
sig	nature constitutes an undertaking by the issuer t information furnished by the issuer to any non	y the undersigned duly authorized person. If this not of furnish to the U.S. Securities and Exchange Comraccedited investor pursuant to paragraph (b)(2) of	nission, upon writte of Rule 502.			
Issi	uer (Print or Type)	Signature	Date			
ΑĐ	BC Hotel & Restaurant Supply, Inc.	/ Well for	02/15/2007			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Vlai	rk Jansen	President				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)